

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/578085</i>	FILING DATE
<i>Dep 1007</i> CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3		2					53	
4		2					54	
5		2					55	
6		2					56	
7		2					57	
8		2					58	
9		2					59	
10		2					60	
11		2					61	
12		2					62	
13		2					63	
14		2					64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.	←
TOTAL CLAIMS	21						TOTAL CLAIMS	